

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

8924

-62-036432

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED SEP 24 1962

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

1

3

4 0

5 1

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7 1

8 1

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11

12 83-0

13

83

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b
64 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VAH, 915 N. GRAND AVE.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY Scott

c. CITY OR TOWN 411 RUTH STREET

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
SIKESTON, MISSOURI

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Middle Last
GEORGE Q. LOVELESS

4. DATE OF DEATH

Month Day Year
9/14/62

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Widowed ☒ Never Married ☐ Divorced ☐

8. DATE OF BIRTH

11/6/27

9. AGE (last birthday)

34

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WELDER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
MORELAND, ARKANSAS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

MARION LOVELESS

13b. MOTHER'S MAIDEN NAME

HAZEL EAKIN

14. NAME OF HUSBAND OR WIFE

MARY LOUISE LOVELESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MARY LOUISE LOVELESS (WIDOW) SEE #2

18. CAUSE OF DEATH (Enter only one cause per line. If more than one, list on separate lines. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) MASSIVE HEMORRHAGE INTO ESOPHAGUS

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) INVASIVE CARCINOMA

DUE TO (c) BRONCHOGENIC CARCINOMA

162.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 7/12/62 to 9/14/62 and last saw him alive on 9/14/62
Death occurred at 6:47 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

GORDON W. PHILOTT M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

9/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9-17-62

23c. NAME OF CEMETERY OR CREMATORY

Grand Ridge

23d. LOCATION (City, town or county)

Belle City MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ellis Funeral H. Sikeston MO

25. DATE RECD. BY LOCAL REG.

SEP 15 1962

26. REGISTRAR'S SIGNATURE

Boad Smith M.D.

STATEMENT BY LICENSED EMBALMER

P. O. Address: Walden Rd

If this body is not embalmed, fact should be so stated above.